VIOLENCE AGAINST WOMEN

Improving the Health Care Response

A guide for health authorities, health care managers, providers and planners

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Improving the Health Care Response

A guide for health authorities, health care managers, providers and planners

Prepared for the Women's Health Bureau
by Marina Morrow and Colleen Varcoe

Table of Contents

Introduction 1

Facts: Violence, Health and Mental Health 3

Sample Policy Statements 7

Health Goals 11

Paths to Action 15

Resources 29

Introduction

The physical, emotional, social and economic costs of sexual and physical violence against women have been recognized as a primary health concern. Although not all women seek health care directly as a result of their experiences of violence, the health care system is often the first place where a woman experiencing violence in an intimate relationship has the opportunity, away from her abuser, to disclose her situation or seek support. For women who have been sexually assaulted, emergency health care may be their first point of contact for assistance. In view of this, health care providers can play a critical role in supporting women and helping to prevent violence against women. The purpose of this guide is to provide health authorities and all components of the health sector (including public health, mental health, primary care, acute care and continuing care) with the information and tools that are needed to enhance the response of the health care sector to violence against women.

This guide was developed as an initiative of the Women's Health Bureau and is the first step following the Minister's Advisory Council on Women's Health's report *Moving Towards Change: Strengthening the Response of British Columbia's Health Care System to Violence Against Women.*

Violence against women takes many forms; it includes both physical and sexual assault and is usually accompanied by verbal and emotional abuse. Financial abuse can accompany physical abuse, especially when the person is elderly. Physical and sexual violence that take place in the context of a long-term intimate relationship is often referred to as "domestic violence'", "wife assault" or "woman abuse." Many women also have had experiences of sexual abuse as children; these women are often referred to as "adult survivors of child sexual abuse." However, women also experience physical and sexual violence outside the context of long-term relationships—that is, either in dating relationships or from strangers. Although the effects of these forms of violence on women overlap, the care for women will differ according to who the abuser is, the length of their relationship with the abuser, and the severity and longevity of the violence. The impact of violence on a woman is also dependent, in part, on how health care providers and other support systems respond to her.

All women are vulnerable to violence regardless of their race, culture, ability, age, sexuality, ethnicity or economic status. The impact of violence on women is compounded, however, if a woman is socially marginalized or living in poverty. For example, women with disabilities are particularly vulnerable to violence from husbands, partners and caregivers. Lesbians are often the targets of violence motivated by homophobia. First Nations women's experiences of violence are exacerbated by the legacy of colonialism that has undermined and fragmented their communities. Elderly women may be especially vulnerable to abuse from family members and care givers, particularly if they are economically dependent. Women who are immigrants or refugees or who are not part of the dominant Euro-Canadian culture often suffer the compounded effects of violence and racism. Such women may have particular difficulty getting supports, especially if they experience language or cultural barriers. Women who have serious mental health problems or substance-use issues are highly stigmatized and have difficulty accessing support services. In providing care to women, it is critical to recognize their diverse backgrounds and histories and to design supports that can take into account each woman's unique situation.

The contents of this guide provide the reader with general information about violence against women, suggested policy statements for health authorities, and suggested paths to action designed to get the health sector thinking about how to strengthen its response to violence against women. Throughout the guide we provide examples of health care sector responses and models that might be useful in your community. A particular focus of this guide is suggestions about how the health sector can build on existing relationships and partnerships in the community to provide a strong, co-ordinated health care response to violence against women. The guide is meant to be used and adapted in ways that will be useful to your particular community.

Acknowledgements

Throughout the development of this guide, we have been fortunate to have the guidance and support of an Advisory Committee of women dedicated to ending physical and sexual violence in the lives of women. The Advisory Committee consisted of representatives from: BC Women's Hospital and Health Centre, Cedar Cottage Neighbourhood House, Disabled Women's Network, BC Centre of Excellence for Women's Health, Surrey Women's Centre, Pacific Association of First Nations Women, BC Association of Specialized Victim Assistance & Counseling Programs, BC Institute Against Family Violence, Health Association of BC, University of Victoria and BC First Nations Aids Society. We also extend special thanks to Laura Zlotnik, who worked hard to gather feedback on a draft of the guide from as many of our key informants as was feasible. Finally, this guide would not have been possible without the assistance of all of the individuals we consulted with during its development; we thank each of them for giving their time generously and for providing insight into how the health care system can better respond to women.

Facts: Violence, Health and Mental Health

The Social Context of Violence

Violence affects us all; however, the impact of violence is compounded by other forms of social marginalization

VIOLENCE AFFECTS US ALL

Violence affects all women regardless of culture, class, ethnicity, ability, occupation or sexual orientation. Studies from around the world show that globally at least 25% of women have been abused (Hiese et al, 1994).

FIRST NATIONS WOMEN

Like other racialized women, First Nations women face racism as part of help-seeking in relation to violence. First Nations women's experiences of violence are exacerbated by the legacy of colonialism, which has undermined and fragmented their communities.

WOMEN OF COLOUR

The combined impact of sexism and racism intensifies the way women of colour experience violence. Women who are racialized are often forced to endure abuse rather than expose their communities to further racism. (Mosher, 1998)

ELDERS OR SENIORS

Older persons, both male and female, are vulnerable to abuse. Although elder abuse is largely under-reported, in Canada it has been estimated that at least 4% or 98,000 seniors have been abused. (Podnieks, et al, 1990)

WOMEN WITH DISABILITIES

Approximately 15% of women in Canada have disabilities (Health Canada, 1993), and at least half these women are abused. (DAWN, 1989; Masuda, 1995) Women with disabilities are more vulnerable to violence than able-bodied women, and are vulnerable to abuse by a wider range of people. They routinely encounter problems with access to services.

ABUSE TAKES MANY FORMS

Abuse includes both physical and sexual assault and financial abuse, and is usually accompanied by verbal and emotional abuse. Abuse occurs in the context of intimate relationships ("woman abuse" or "domestic violence") and non-intimate relationships.

LESBIANS

Homophobia and isolation make it particularly difficult for lesbians to disclose violence in their intimate relationships. Few services exist for this group of women.

POVERTY IS A FACTOR

Financial and psychological independence are key factors that deter women from entering or staying in abusive relationships. Women of colour, elderly women, women with disabilities and women who do not speak English experience more economic barriers to living violence-free. (Gurr et al, 1996) Financial and educational inequities between men and women can intensify power differentials in intimate relationships that can then lead to violence. (Lambert & Firestone, 2000)

The Impact of Violence

PHYSICAL INJURY

- *In Canada, an average of two women a week were killed by their partners during 1990. (CACSW, 1991)*
- *In 1993, about 200,000 women were threatened, slapped, kicked, punched, choked, beaten or sexually assaulted. (Johnson, 1996)*
- *In B.C., 89% of sexual assault survivors had injuries. (McGregor, 2000)*

THE COSTS OF VIOLENCE

- *$4 billion/year estimated Canadian costs. (Greaves, et al, 1995)*
- *$400 million/year est. costs in BC. (Kerr & McLean)*
- *$1,539,650,387/year est. health care costs. (Day, 1995)*
- *Abused women use a greater proportion of health care services than non-abused women. (Koss, 1994)*

LONG-TERM PHYSICAL HEALTH PROBLEMS

Long-term effects of violence include:

- *arthritis,*
- *chronic pain,*
- *hearing loss,*
- *sexually transmitted diseases,*
- *chronic bowel problems,*
- *pelvic inflammatory disease,*
- *neurological damage.*

(Koss & Heslet, 1992; Heise et al, 1994; Stark & Flitcraft, 1991)

SEXUALLY TRANSMITTED INFECTIONS

Women in abusive relationships have more difficulty negotiating safe-sex practices; thus violence is a predisposing factor to HIV/AIDS and other sexually transmitted infections. HIV/AIDS is a factor that sometimes prevents women from leaving violent relationships. (Kirkham & Lobb, 1998; Summers, 1997)

VIOLENCE AGAINST WOMEN

- ***In Canada, one of every two women over the age of 16 has been sexually or physically assaulted.***
- ***29% of Canadian women ever married have been sexually or physically assaulted by their partner.***
- ***In B.C., 36% of women ever married have been sexually or physically assaulted by their partner.***

(Rogers, 1994; Johnson, 1996)

EMOTIONAL AND SPIRITUAL HEALTH

The suffering caused by abuse by an intimate partner is not quantifiable. The mental, spiritual and emotional burden affects all aspects of health.

MENTAL HEALTH

- *In one Canadian study, 83% of women psychiatric in-patients had experienced severe childhood physical or sexual abuse. (Firsten, 1991)*
- *In a BC study, 58% of women at Riverview Psychiatric Hospital had been sexually abused as children. (Fisher, 1998)*
- *Up to 60% of women who are abused experience post-traumatic stress syndrome. (Saunders, 1994)*
- *Abused women are more likely to attempt suicide. (Gelles & Strauss, 1988; Abbott et al, 1995)*

CHILD ABUSE

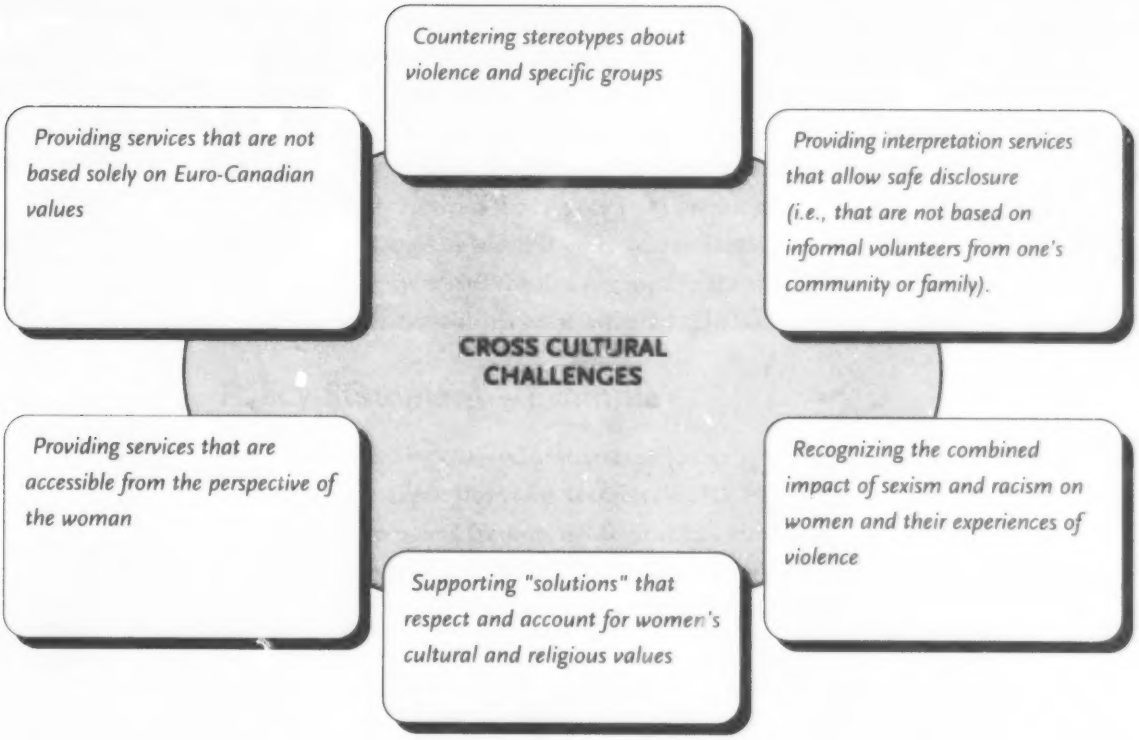
Woman abuse and child abuse overlap, with children being abused in up to 70% of families in which woman abuse occurs. (Edelson, 1999a; Bowker, et al., 1988; Stark & Flitcraft, 1991) Globally, as many as one woman in four are physically or sexually abused during pregnancy. Studies link child mortality to abuse of their mothers. (Heise et al 1999)

CHILDREN WHO WITNESS VIOLENCE

It is now widely recognized that in families where woman abuse occurs, most children witness the abuse and are negatively affected. (e.g., Edelson 1999b; Jaffe, et al, 1986, 1990)

DRUGS AND ALCOHOL

- *It is common for women to turn to alcohol and drugs as a way of coping with abuse.*
- *In B.C., the 1995/96 cost of alcohol and drug treatment services for women with addiction problems who had also been victims of physical or sexual abuse was about $7.3 million. (Kerr & McLean, 1996)*
- *51% of sexual assault survivors used substances immediately after the assault. (Seifert, 1999)*
- *The strongest determinant of whether a woman took drugs or medications to deal with the abuse was contact with physicians or nurses who prescribed these medications. (Ratner, 1995)*


CROSS CULTURAL CHALLENGES
Countering stereotypes about violence and specific groups
Providing interpretation services that allow safe disclosure (i.e., that are not based on informal volunteers from one's community or family).
Recognizing the combined impact of sexism and racism on women and their experiences of violence
Supporting "solutions" that respect and account for women's cultural and religious values
Providing services that are accessible from the perspective of the woman
Providing services that are not based solely on Euro-Canadian values

Sample Policy Statements

The following two sample policy statements can be modified and adopted at both provincial and local health authority levels. Health policy statements on violence against women reflect recognition of the health implications of violence on women, and the health sector's commitment to playing an ongoing role in supporting women and to prevent violence against women. It is recognized that a policy statement alone will not result in substantive change unless it is accompanied by adequate resources and by building capacity in each health region. We therefore offer the following sample policy statements as ideals to be adapted to your particular region.

Policy Statement—Example

Violence against women is internationally recognized as a social problem with serious health implications for women (WHO, 1998). The health implications include psychological trauma, acute physical injuries, chronic health problems, unwanted pregnancies, miscarriages and sexually transmitted diseases, all of which have an impact on women's abilities to participate fully in society. Violence against women devastates the lives of women and children; indeed, its effects are so far-reaching that that they have an impact on all of society.

Therefore this organization is committed to showing **leadership** in:

- Developing systematic and sustained responses to support women who have been physically and/or sexually assaulted. This includes expanding existing programs and initiating pilot projects in key areas.
- Ensuring that all program development and practice responses are designed to meet the needs of all women in the community. That is, responses must be appropriate to a wide range of diverse groups of women (e.g., First Nations women, women of colour, lesbians, women with disabilities, women with mental health problems, single mothers, women with substance use problems, women who are HIV positive or who have AIDS, and women living in poverty).

- Working collaboratively and in partnership with a wide range of stakeholders in both the health/mental health sector and the community to develop coordinated responses for women who have been physically and/or sexually assaulted—for example, by ensuring representation of the health sector on community coordinating committees, so that a wide range of service providers is brought together to discuss responses to violence against women.
- Establishing interministerial coordination. As the effects of violence are far-reaching, a model that involves all government ministries is critical for designing and implementing comprehensive approaches, (e.g., ranging from education to criminal justice responses to health/mental health care responses).
- Supporting further education and training for all health/mental health workers on the issue of violence against women
- Collecting data on the incidence, impact and health/mental health care implications of violence against women including mechanisms to help monitor health/mental health care responses and utilization.
- Evaluating existing programs in the health/mental health sector that address violence against women and developing indicators of success for emerging programs.
- Setting baseline health/mental health goals for reducing violence against women.

Health Authority Policy Statement—Example

The health authority in this region is committed to:

1 Providing a coordinated health/mental health response to violence against women.

2 Ensuring that there are adequate resources for:

- Developing and operating integrated programs throughout the health/mental health sector for women who have been physically and/or sexually assaulted.
- Education and training for service providers throughout the health/mental health care sector.

3 Ensuring that all program development and practice responses are designed to meet the needs of all women in the community. That is, responses must be appropriate to a wide range of diverse groups of women (e.g., First Nations women, women of colour, lesbians, women with disabilities, women with mental health problems, single mothers, women with substance use problems, women who are HIV positive or who have AIDS, and women living in poverty).

4 Working collaboratively and in partnership with a wide range of stakeholders in both the health/mental health sector and the community to develop coordinated responses for women who have been physically and/or sexually assaulted—for example, by ensuring representation of the health sector on community coordinating committees, so that a wide range of service providers is brought together to discuss responses to violence against women.

5 Collecting regional data on the incidence, impact and health/mental health care implications of violence against women, including mechanisms to help monitor health/mental health care response and utilization.

6 Evaluating existing programs in the health/mental health sector that address violence against women and developing indicators of success for emerging programs.

7 Setting baseline regional health/mental health goals for reducing violence against women.

Health Goals

The following are examples of both short-term and long-term indicators/goals against which communities can measure the success of their response to violence against women. Ultimately, the long-term goal is to reduce, and then eliminate, violence against women.

Short-term Goals

Establish Relationships

- Designate an individual or agency in the health sector to take the lead in working towards a collaborative response to violence against women.
- Establish a forum or venue where the health authority, the community, nurses, physicians and other health/mental health service providers set priorities and plan initiatives on women's health/violence against women.
- Establish or participate on a community coordinating committee on violence against women and ensure representation on this committee from nurses, physicians, community or public health service providers, hospitals, mental health service providers, agencies that serve diverse groups of women, and women themselves.
- Establish links between services for women who experience violence (e.g., transition houses, sexual assault services) and health/mental health services.
- Establish links between the health/mental health sector and organizations working with diverse groups of women in your community (e.g., women with disabilities, First Nations women, women from all ethic communities in your region, women with mental health challenges).
- Work with your community partners to secure funding for programs and training resources.

Develop Policies and Protocols

- Develop and adopt a regional health policy statement on violence against women that includes a statement regarding diversity and inclusiveness.
- Develop protocols in your particular workplace on violence against women (separate protocols are needed for violence against women in relationships and sexual assault).

Provide Resources and Training

- Gather existing resources on violence against women, especially those with a health/mental health care focus.
- Locate any local data/information regarding the incidence of violence against women and health/mental health care utilization statistics to identify what is known and what data is needed.
- Implement training to accompany the adoption of protocols.
- Take advantage of existing training programs (e.g., those provided by BC Women's Hospital's Sexual Assault Service, BC Women's Hospital's Women Abuse Response Program).

Long-term Goals

Provide Resources and Gather Data

- Set up systems so that local data can be collected on the incidence of violence against women and on health/mental health care utilization.
- Set up evaluation schemes for any new programs or services.
- Develop education and training manuals for health/mental health care providers.

Provide Programs and Services

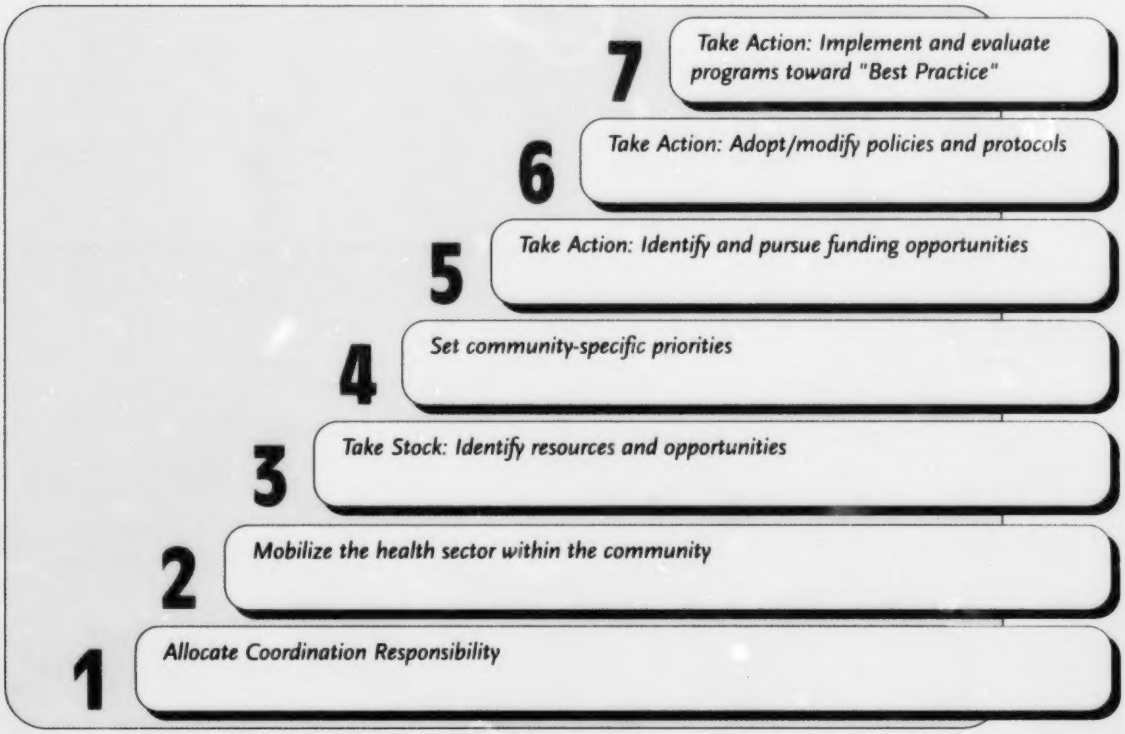
- Develop programs and services designed to support women who have experienced violence.
- Have a fully integrated and coordinated response to violence against women in your community.

Develop Prevention Strategies

- Establish baseline statistics in your region for such outcomes as the number of women turned away from emergency housing per year, the number of police calls that result in charges being laid and the utilization rates for services such as sexual assault centres.
- Using these baselines, set realistic goals for reducing violence in your community. For example,
  - Reduce rape and attempted rape of women age 12 and older by 10%.
  - Reduce physical abuse directed at women by male partners to no more than the national average of 29% (1993 B.C. Baseline: 36%).
  - Reduce the proportion of battered women and their children that are turned away from emergency housing for lack of space by 20%.

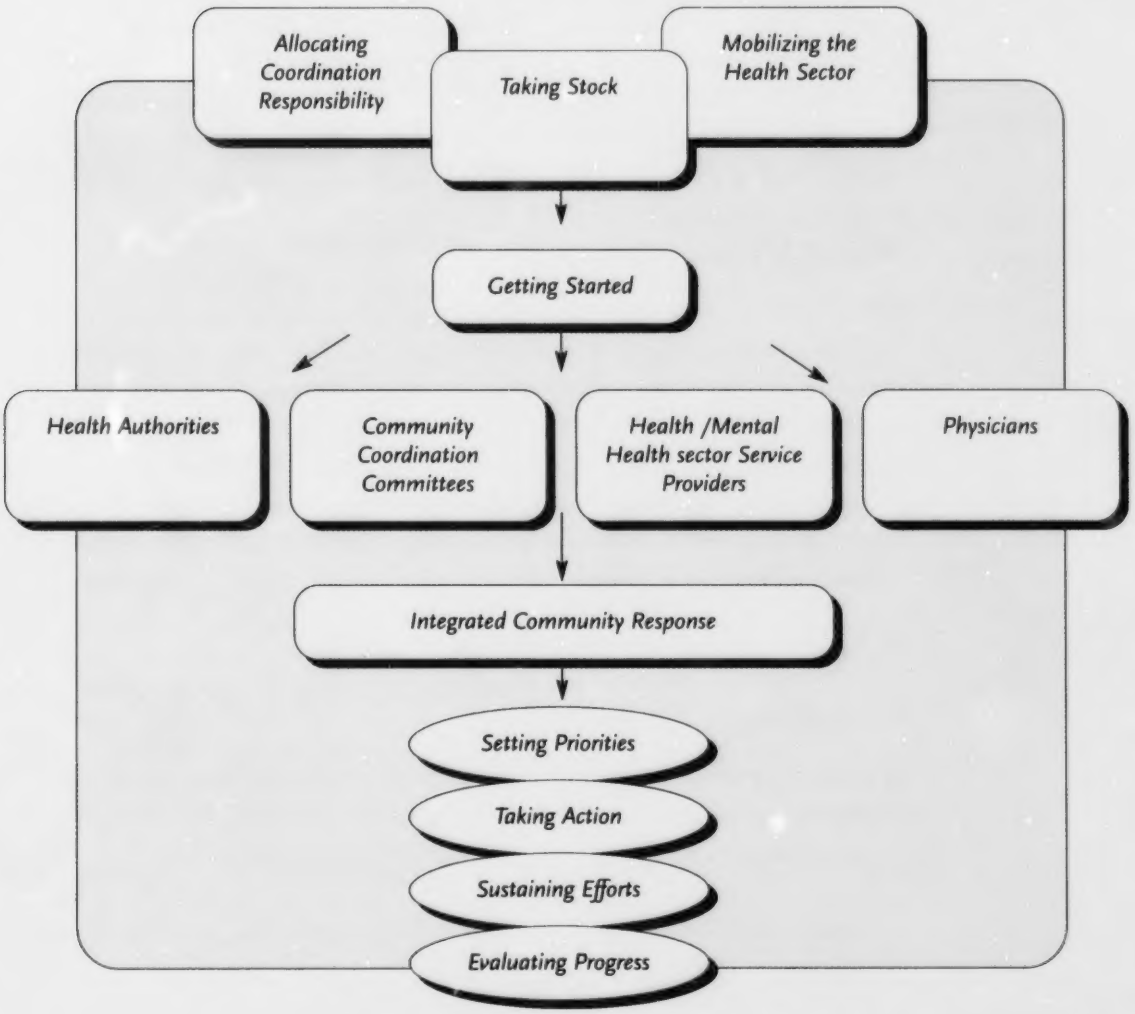
Steps to an Integrated Community Response

In developing this guide, we consulted with a wide range of people in several communities. These contributors included members of health authorities, those working in community services concerned with violence against women, and health care providers. From these consultations we identified a series of steps that may be helpful to follow.



Paths to Action

This next section adds detail to the suggested steps outlined earlier. Each group has different roles to play. However, because to date most work has been done by community groups and health care service providers, we particularly emphasize the roles others might play. We offer some examples from our sample communities to illustrate possibilities.



Allocating Coordination Responsibility; Mobilizing the Health/Mental Health Sector

The initial steps of mobilizing the health/mental health sector, allocating coordination responsibility and taking stock of the current resources and opportunities are part of a dynamic process. Identifying who can participate in health/mental health sector mobilization, and deciding who will do so, depends partly on knowing who is doing what in your community. For example, if there is a community coordinating committee, the health/mental health sector can take advantage of this resource. The process of "taking stock" will be key to mobilizing within your community.

The key to success will likely be having a funded community coordinator. Communities will likely need to organize sufficently to gain such funding before proceeding further.

Having a committed person or persons to provide leadership has always been a significant challenge. Typically such leadership has been "off the side of the desk" leadership provided by a committed individual. Even in those few communities with coordinators funded by the Ministry of the Attorney General, attention to the health/mental health sector will require additional work. For this reason, we have identified community coordination as the top funding priority for all players.

Taking Stock

Taking stock of your community will help with mobilization and lay the foundation for setting priorities and taking actions. What are your current resources and opportunities? All members of the community can contribute to an assessment of what is currently available and being done. Such an exercise might be conducted by a group as a first step in working together, or by an individual to strengthen or initiate community responses. Here are some questions to answer that are specific to the needs of an integrated community response to violence against women.

Do you have...

Relationships?

- ❑ A forum or venue where the health authority, the community, nurses, physicians, and health/mental health service providers set priorities and plan initiatives on women's health/violence against women?

- ❑ A community coordinating committee on violence against women? (Most larger communities have a Violence Against Women in Relationships Coordinating Committee which brings together community services, social services, justice and the health sectors)
- ❑ Representation on your community coordinating committee from:
  - ❑ Physicians? (for example, family physicians, psychiatrists, emergency physicians)
  - ❑ Community or public health system representatives? (for example, community health nurses, drug and alcohol counsellors)
  - ❑ Hospitals? (for example, managers, nurses, social workers, physicians)
  - ❑ Mental health? (for example, community mental health teams, advocates, psychiatrists)
  - ❑ Diverse groups of women?
- ❑ Other links between services for women who experience violence (e.g. transition house, victim's services, sexual assault service) and health/mental health?
- ❑ Links between organizations working with diverse groups of women in your community and the health/mental health sector?
- ❑ Women with disabilities?
- ❑ First Nations women?
- ❑ Women from all ethnic communities in your region?
- ❑ Women with mental health challenges?
- ❑ Elderly women?
- ❑ Lesbians?

EXAMPLE

Fort St. John formed a partnership between the Fort St. John Hospital Emergency Department, the Specialized Victim Assistance Program and the Sexual Assault Centre. This group worked together to develop innovative fundraising strategies and raised funds to establish a hospital- based sexual assault service. By identifying key committed individuals in the hospital, the community and the legal system, Fort St. John is developing a new women's health program despite limited health care dollars.

Policies And Protocols?

- ❑ A regional health policy statement on violence against women?
- ❑ A community policy statement on violence against women?
- ❑ Protocols for the coordination of community services?
- ❑ A Sexual Assault Intervention Protocol?

EXAMPLE

In Prince George, a home visitor program is being piloted under a "Families Count" initiative and in conjunction with the family centre. The centre and the program involve a variety of services including community health nurses, child protection workers, and alcohol and drug workers. Thus, this would be an excellent opportunity to develop a primary and secondary violence prevention program.

EXAMPLE

In Prince George, there is a strong working relationship in the perinatal area that includes representation from "Healthiest Babies Possible," the community health unit and the hospital. They are planning to develop an early registration program for pregnant women. This group might consider developing an early intervention program for women experiencing violence.

- ❑ A policy statement regarding diversity and inclusiveness?

Resources?

- ❑ Local data/information regarding incidence of violence? (including sexual assault, woman abuse, and child abuse)
- ❑ Local data/information regarding use of services? (including sexual assault, woman abuse, and child abuse)
- ❑ Education and training manuals for health/mental health care providers?
- ❑ Information from provincial organizations on violence against women?
- ❑ Other resources?

Opportunities?

- ❑ Existing initiatives that could be used to strengthen the response to violence against women?
- ❑ Existing relationships that might be used to develop initiatives?

Getting Started

Each group or individual can play a role in improving the health care response to violence. Below we have identified the specific actions that various groups and individuals can take to contribute to an integrated community response.

Community Coordination

- If a community coordinating committee on violence against women exists in your region, strengthen the health representation to include members from acute care, mental health, community health, and continuing care, and representation from diverse groups of women.

- If such a body does not exist, create a forum or venue where community service providers, nurses, physicians and health/mental health service providers work with the justice and social services sectors to set priorities and develop and carry out initiatives on women's health/violence against women.
- Develop and adopt a community policy on violence against women.
- Collaboratively set health goals for the community and identify indicators of progress.
- Create proposals for pilot projects and new programs.

EXAMPLE: THE FRASER VALLEY HEALTH REGION SEXUAL ASSAULT TEAM.

Health care providers, community counselling agencies and RCMP in Chilliwack, Abbotsford, Mission and Hope came together with their Regional Health Board to support and sustain a Sexual Assault Nurse Examiner Program in their community.

- Discuss funding needs with the health authority to initiate and support programs.
- Participate in collecting baseline data about the incidence of violence and service utilization.
- Provide expertise for the education and training of health/mental health services providers.
- Do a formal presentation to the health board on violence against women.

Health Authorities

- Create a forum or venue where the health authority, community groups working on violence against women, physicians and health/mental health service providers set priorities and plan initiatives on women's health/violence against women.
- Develop and adopt a health policy on violence against women.

EXAMPLE: POWELL RIVER

In Powell River, the health authorities' leadership is directly evident, as the CEO of the Regional Health Board sits on the local Violence Against Women in Relationships Coordinating Committee and there is excellent representation from the health sector on the Committee.

- Pursue educational opportunities to learn more about violence against women and its impact on women's health.
- Work collaboratively with health care providers and community organizations to set health goals and identify indicators of progress.
- Provide leadership: delegate responsibility for the health/mental health sector response to violence against women.

- Create accountability mechanisms for ensuring that health goals are met.
- Provide resources for pilot projects and new programs.
- Provide resources for data collection and evaluation of initiatives.
- Provide resources for educating and training health/mental health services providers.

Health/Mental Health Care Service Providers

- Participate in your local community coordinating committee on violence against women.
- If such a body does not exist, work with community service providers, nurses, physicians, and health and mental health service providers to create a community coordination committee.
- Work with the health authority and agencies in the community to develop and adopt a health/mental health sector policy on violence against women.
- Work collaboratively to set goals for the health/mental health sectors in addressing violence against women.
- Identify indicators of progress in the health/mental health sectors.
- Create proposals for pilot projects and new programs that work in partnership with community agencies and programs already in place.

EXAMPLE

In October 1999, the BC Association of Specialized Victim Assistance and Counseling Programs and the BC/Yukon Society of Transition Houses offered a three-day professional development symposium, "Connecting: Mental Health and Violence Against Women", designed to create an opportunity for dialogue and relationship building between mental health workers and women working in the community on the issue of violence against women.

- Identify funding needs to initiate and support programs and discuss them with appropriate funding bodies.
- Participate in collecting baseline data about the incidence of violence and health/mental health service utilization
- Participate in community-based research.
- Participate in ongoing education and training regarding violence against women, its health/mental health impact and how the health/mental health system can respond.

Physicians

- Participate in your local community coordinating committee on violence against women.
- Work collaboratively with nurses and other health/mental health professionals and community agencies to develop responses to violence against women.
- Support a specialized sexual assult team in your community.
- Support the work of the health authority in developing and adopting a health sector policy on violence against women.
- Participate in helping to meet goals established for addressing violence against women.
- Support and participate in the development of proposals for pilot projects and new programs.
- Lobby for funding from appropriate sources to initiate and support programs.

EXAMPLE

Physicians are an integral part of all aspects of planning and developing the Sexual Assault Service at BC Women's Hospital in Vancouver. Physicians and nurses who have extensive training are available on a 24-hour basis to provide care for women who have been sexually assaulted.

- Participate in collecting baseline data about the incidence of violence and health/mental health service utilization.
- Participate in community-based research.
- Participate in ongoing education and training regarding violence against women, its health/mental health impact and how the health/mental health system can respond.

OPPORTUNITY

At the Bridge Clinic located at Mount St. Joseph's hospital in Vancouver, physicians are uniquely skilled to work with immigrant and refugee women. Interpretation services are routinely available. This might be a good opportunity for implementing a program to address woman abuse.

An Integrated Community Response: What Does It Look Like?

An integrated community response requires contributions at all levels. Health/mental health-related responses cover a range of strategies and are found at all levels of the health/mental health system from primary prevention to direct care. It is recognized that the provision of services and support to individual women cannot be implemented without further resources and that individual responses must be accompanied by wider systemic changes. To date, there is limited evidence upon which to base recommendations for "best practices"; however, the available literature on violence against women suggests that there are some key characteristics of systems and programs that are likely to lead to better practices (Minister's Advisory Council on Women's Health, 1999). These characteristics operate not only at the level of programs, but also at the level of the community and larger health/mental health care and social systems.

Principles for Moving Toward "Better Practices"

At a system level, better practices are likely to be facilitated by:

- Collaborating within and between sectors, groups and organizations at all levels, and demonstrating a coordinated effort;
- Securing on-going program funding;
- Assigning responsibility for dealing with violence at all levels and in all sectors;
- Ensuring that mandates of services are flexible so that service gaps can be rectified;
- Including evaluation as a part of all services.

At a community level, better practices are likely to be facilitated by:

- Attending to diversity throughout all planning;
- Ensuring representation of women who use services, including women who face challenges (such as disability, racism, poverty) that compound the impact of violence;
- Ensuring strategies for dealing with violence in mental health, acute care services, continuing and long-term care;
- Ensuring interrelated strategies for dealing with woman abuse in the context of intimate relationships, sexual assault, elder abuse, childhood sexual abuse, child abuse and children who witness violence.

At a program level, better practices are likely to be facilitated by:

- Putting the safety of women and children first;
- Providing services that are women-centered;
- Planning based on multiple perspectives, including those of women who experience violence;
- Providing services based on an understanding of gender, the power dynamics of violence, the barriers women face and the power of professional disciplines;
- Providing services that are consciously antiracist, anti-homophobic, anti-classist, etc.,
- Providing services that are age-specific and appropriate to a range of age groups;
- Providing services that are appropriate to level of contact with women;
- Building evaluation into all services.

EXAMPLE

In Vancouver, BC Women's Hospital's Violence Against Women in Relationships Program identified four implementation objectives:

1) implementing a women-centred care approach to ensure women receive safe and appropriate care,

2) using empowerment learning principles to train staff,

3) working closely with staff to develop program-specific clinical models for responding to the health and safety needs of women experiencing abuse,

4) developing partnerships between BC Women's and community services for women experiencing abuse to ensure that community standards of safety and empowerment are met.

A preliminary evaluation was conducted of the training and implementation phases of the Women Abuse Response Program in the Labour and Delivery Suite and Ambulatory Clinics. The evaluation showed that the empowerment learning model was very effective, and the training needed to be extended to other areas of the hospital. Staff consistently requested additional training time and more concrete connections with community resources.

Using the above principles and building on the contributions from each group, the community needs to work together to set priorities, take specific actions and then to sustain and evaluate those efforts.

Setting Priorities

The priorities of a given community will depend on what is currently being done in the community with regard to violence, the available resources and the current opportunities. Use the principles under "Toward Best Practices" to identify directions. Without question, one of the first priorities will be to secure adequate funding to carry out other priorities!

Priorities should include:

- Supporting community coordination,
- Collecting of local data about the incidence of violence and service utilization,
- Providing education to health care providers,
- Establishing programs that include services for woman abuse and sexual assault,
- Establishing services that encompass community health, mental health, acute care, and continuing and long-term care.

Taking Action

The actions taken will be determined by the priorities; however, at least four actions will be common to all communities. Each community will need to:

- Obtain funding,
- Modify and/or adopt policies and protocols about the health/mental health care response to violence against women,
- Design integrated programs,
- Implement and evaluate programs toward "best practice."

Many service providers asked for assistance with a funding proposal. What follows outlines the elements of such a proposal. The example policies enclosed in this guide can be modified or adapted.Finally, the "principles" for "better practice" can be used in conjunction with expertise from the provincial resources to develop programs and services.

Elements of a Funding Proposal

The emphasis of each funding proposal will depend on what specifically is being proposed, and on the interests of the funding body to whom the proposal is being submitted.What follows is an outline of some key elements to include in any funding proposal:

Importance of the Problem

Establish the scope and impact of the problem using national, provincial and local data. The statistics provided in this guide offer some starting points. Local data may be collected from the following sources:

- Local police or RCMP can provide statistics regarding the number of calls they respond to that involve violence against women. They can also assist in obtaining data such as the number of charges laid and conviction rates.
- Transition houses, Rape Crisis Centres, counselling services, and specialized victim assistance programs can provide data regarding service use.
- Sexual assault services can provide estimates of service use.

Current Level of Service in the Community

Describe the level of service that is currently offered in the community. Evaluate the extent to which this level of service is meeting community needs as outlined in your description of the importance of the problem.

Estimates of the Costs of Violence to the Community

Identify the possible costs to the community of the current level of violence and of the gap between the need in the community and the services provided. Costs to the community may include direct health/mental health costs (from injuries and immediate health/mental health effects), long-range health/mental health costs, lost wages, legal costs, the impact on children and so on. Most of these costs will not be quantifiable in dollars, but can be described more broadly. References in this guide regarding the costs of violence (Day, 1995; Greaves, Hankivsky, & Kingston-Riechchers, 1995; Kerr & McLean) provide a range of ways that violence incurs costs.

Goals and Outcomes of the Proposed Initiative

Use the community goals and those suggested in this guide to develop broad goals for the proposed initiative. At first it may be more reasonable to establish "process" goals as markers of success and leave outcome goals as more long-range intentions.

Costs of the Proposed Initiative

Costs for any proposed service or program should include:

- Coordination costs. This may be a part-time or full-time person, depending on the size of the program or service being proposed.

- Consultation costs. To create a meaningful program, service users should be involved in development and should be paid in the same manner as other consultants. Women from the community who have experienced violence can provide excellent consultation. In addition, advice may be required from those with experience in service design, delivery and evaluation.
- Training costs. The education of health/mental health care providers is one of the most critical elements in providing a meaningful response to violence. Research has clearly shown that "one-time" training sessions do not have a lasting effect. Thus, training costs need to cover both initial and ongoing education.
- Service costs. These costs will vary widely depending on what is being proposed. Consult with provincial resources to get an estimate of what different programs cost. For example, the Sexual Assault Service, BC Women's Hospital (see resource list) can provide reasonably accurate estimates of the cost of establishing and sustaining Sexual Assault Nurse Examiner (SANE) Programs.
- Evaluation costs. It is essential that each initiative be evaluated, to see what is "working," to make judgments regarding the value of the initiative and to contribute to knowledge regarding what "best practice" might be. Evaluation can often be partially funded through other sources and conducted through partnerships with researchers. For example, the "Families Count" program in Prince George is being evaluated with researchers at the University of Northern B.C.. If you are interested in research partnerships, the Violence and Health discussion group at the B.C. Center of Excellence for Women's Health comprises researchers from various institutions who are concerned with violence.

EXAMPLE

The Sexual Assault Nurse Examiners at Surrey Memorial Hospital and BC Women's Hospital collaborated to obtain funding for a qualitative research study on the "vicarious trauma" experienced by nurses and physicians working in sexual assault services. Their study not only created new knowledge about this concern, but also provided evaluative data about their programs.

Status of the Community Partnership

Demonstrate the strength of the partnership that will carry out the proposed program or service. The involvement of a range of stakeholders, including diverse groups of women and service providers, will suggest to potential funding organizations that the proposal will be relevant to the needs of the community, and that the initiative can be sustained.

In-Kind Contributions

Show the potential funders the contribution the community has already made and will continue to make. Contributions of time, work space, meeting space and so on should be made visible.

Sustainability and Evaluation

EXAMPLE

Both Burnaby and New Westminster Coordinating Committees undertook projects to evaluate services in their areas. The Burnaby initiative resulted in the mobilization of a group of women who had experienced violence and the formation of a social action group "Women In Action." The New Westminster initiative resulted in the development of a funding proposal to conduct a "safety audit" of services (especially in the justice system, to evaluate the extent to which women's safety is being preserved). Each of these projects in turn has strengthened community relations.

The final steps in an integrated community response are to sustain initiatives, to evaluate those initiatives and to continue to improve the response. The sustainability of any community initiative will depend on communication, coordination and funding. Establishing meaningful structures for communication and coordination at the beginning will likely be key in ensuring long-range success.

Evaluation at a system, community or program level can be built on the health goals and principles for better practice offered in this guide, and on the specific priorities and goals developed by individual communities.

OPPORTUNITY

The Family Practice Unit in Prince George has about six medical residents a year. Each of these students is required to conduct a research project. This offers an excellent opportunity to fund research on violence in the local context, and to help physicians develop knowledge regarding violence early in their careers.

Resources

Provincial Resources

B.C. Ministry of Attorney General
Community Justice Branch
Victim Services Division
302-815 Hornby Street
Vancouver, BC V6Z 2E6
Phone: (604) 660-5282
Fax: (604) 660-5340

Victim Services Division can provide the Violence Against Women in Relationships Community Coordinating Committee list. This is the list of the contacts for all of the existing coordinating committees throughout the province. The committees comprise members of the community including those within the justice, social services and health care systems who are concerned with violence against women.

B.C. Association of Specialized Victim Assistance
and Counselling Programs
Suite 505 – 620 View Street
Victoria, BC V8W 1J6
Phone: (250) 995-2166
Fax: (250) 995-2167
Web: http://www.islandnet.com/bcasvacp/bcasvacp.html

This society supports the work of B.C.'s sexual assault centers, specialized/community-based victim assistance programs and "Stopping the Violence" counselling programs. They can assist with identifying contact names and agencies in communities across B.C. that provide violence intervention services. Their Web site provides up-to-date information on Association initiatives, publications, board, membership, research projects, publications available and links to other sites.

Woman Abuse Response Program
BC Women's Hospital and Health Centre
Phone: (Coordinator) (604) 875-3717
4500 Oak Street
Vancouver, BC V6H 3N1

BC Women's Woman Abuse Response Program has a mandate to support the development of appropriate clinical responses and provide training to all programs at BC Women's Hospital and Health Centre. The program provides program development, staff training, resource development, staff support and community consultation services related to health care responses to violence against women in relationships. Site-specific program development ensures that the program approach matches each health care setting. Comprehensive training for all physicians, nurses and other health care providers is an integral part of the program.

Sexual Assault Service (SAS)
BC Women's Hospital and Health Centre
4500 Oak Street
Vancouver, BC V6H 3N1
Phone: (Coordinator) (604) 875-2881
Phone: (Sexual Assault Nurse Examiner Program Coordinator)
(604) 875-3284

Established in 1982, the Sexual Assault Service comprises specially trained nurses, nurse examiners and physicians who provide sensitive health care, comprehensive gathering of medical/forensic evidence and supportive counselling for about 250 sexual assault survivors per year. The service has also developed and implemented a Sexual Assault Nurse Examiner training program. In addition, the Sexual Assault Service at BC Women's Hospital has created a Provincial Standards Manual, "A Guide for Sexual Assault Care in a Medical Setting" that includes sample policies, protocols and mission statements.

Violence Against Women: Provincial Health Care Initiative
BC Women's Hospital and Health Centre
Phone: (Coordinators) (604) 875-3717 or (604) 875-2881
4500 Oak Street
Vancouver, BC V6H 3N1

Funded by the Ministry of Health, this initiative assists communities throughout British Columbia in establishing health services to address sexual assault and violence against women in relationships. The program supports health care providers in developing and sustaining effective working relationships with key stakeholders in the community to ensure an integrated response to violence against women. Training is tailored to community needs. This program also plans and coordinates the annual National Violence and Health Conference.

The BC/Yukon Society of Transition Houses
#507-475 Howe Street
Vancouver, BC V6C 2B3
Phone: (604) 669-6984
Fax: (604) 682-6962
Web: http://home.istar.ca/~bcysth
E-mail: bcysth@istar.ca

This society oversees many of the province's transition houses, and oversees 56 Children Who Witness Violence programs around the province. They have also conducted various evaluations and studies.

Violence and Health Discussion Group
B.C. Center of Excellence for Women's Health
BC Women's Hospital and Health Centre
E311-4500 Oak Street
Vancouver, BC V6H 3N1
Phone: (604) 875-2633
Fax: (604) 875-3716
Web: www.bccewh.bc.ca

The B.C. Centre of Excellence for Women's Health is one of five centres across Canada that conduct action research on women's health policy, women's health initiatives and women-centered programs. The Centre holds discussion groups where a broad range of service providers, community members, policy makers and academics come together to develop action-oriented research agendas. The Violence and Health Discussion group comprises researchers from many disciplines and institutions. All these researchers have an interest in violence against women, and expertise in conducting research and evaluation in these areas. This group is also knowledgeable about opportunities for funding research or evaluation.

The FREDA Centre for Research on Violence against Women and Children
Feminist Research Education Development and Action Center (FREDA)
515 West Hastings Street
Vancouver, BC.V6B 5K3
Phone: (604) 291-5197
Fax: (604) 291-5189
E-mail: Freda@sfu.ca
Web: http://www.harbour.sfu.ca/freda/

The FREDA Centre is a joint collaboration of academics at Simon Fraser University, the University of British Columbia, and community and women's organizations working at the grass-roots level. The FREDA Centre's research focuses specifically on violence against women and children, and encourages collaborative partnerships between communities and academics who are working to end this violence.

Urban Native Education Society
Native Education Center
Family Violence Resource Center
285 East 5th Avenue
Phone: 1-800- 667-3230 (toll free)

The Family Violence Resource Center focuses primarily on providing support for Sexual Abuse Intervention Programs. However, they have an extensive library containing videos, books, manuals and articles concerned with violence and emphasizing issues for First Nations people.

B.C. Institute Against Family Violence
Suite 551- 409 Granville Street
Vancouver, BC V6T 1T2
Phone: (604) 669-7055 or 1-877-755-7055
Fax: (604) 669-7054
E-mail: bcifr@bcifr.org
Web: www.bcifr.org

Provides information, education and research on the elimination of family violence. The Resource Centre librarian can provide information by phone, fax or e-mail and, with a deposit, can lend books and audio-visual materials by mail. Call to request that your organization be placed on the mailing list for their newsletter. Back issues of the newsletter can be found on their web site.

DisAbled Women's Network (DAWN), Canada
P.O. Box 22003, Brandon, MB R7A 6Y9
Phone/Fax: (204) 726-1406
E-mail: dawnca@canada.com

DAWN Canada: DisAbled Women's Network Canada is a national, cross-disability organization of women with disabilities in Canada. They are affiliated with Provincial DAWN groups and other disabled women's groups in Canada and internationally. The focus of DAWN CANADA for the last eight or nine years has been in the area of research, defining the needs and concerns of women with disabilities and designing programs to address those needs and concerns. In particular, this group has conducted research on violence and women with disabilities.

Women In Action
c/o Fraserside Community Services
314 6th Street New Westminster, BC
Phone: (604) 522-3722
E-mail: wia@fraserside.bc.ca

These are women who have experienced violence. This social action group is committed to improving the social response to violence against women. The group is involved in conducting research, educating businesses and the public about violence against women, and participating in a range of actions to change policy.

Vancouver Lower Mainland Multicultural Family Support Services
5000 Kingsway Plaza – Phase III
#306-4980 Kingsway
Burnaby, BC V5H 4K7
Phone: (604) 436-1025
Fax: (604) 436-3267
Web: www.amssa.bc.ca/mfss

Provides culturally sensitive services to immigrant and refugee women experiencing violence and their families.

Immigrant Services Society Family Counselling Program
#501-333 Terminal Avenue
Vancouver, BC V6A 2L7
Phone: (604) 684-7498
Fax: (604) 684-2266
E-mail: immserv@issbc.org

Provides counselling to immigrant women experiencing family violence.

MOSAIC
1522 Commercial Drive
Vancouver, BC V5N 5P4
Phone: (604) 254-0244
Fax: (604) 254-3932
Web: www.mosaic-trans.com

MOSAIC provides a range of language and employment services and offers culturally-specific support programs for women who have experienced violence.

SUCCESS (United Chinese Community Enrichment Services Society) Family and Youth Counselling Services
28 West Pender Street
Vancouver, BC V6B 1R6
Phone: (604) 408-7274 ext. 2083
Fax: (604) 408-7236

Provides counselling to women and men.

Internet Resources

Non-profit Organizations

B.C. Institute Against Family Violence
http://www.bcifv.org/frameindex.html

B.C. Center of Excellence for Women's Health
http://www.bccewh.bc.ca/

B.C. Coalition of Peoples with Disabilities
http://www.bccpd.bc.ca/wdi/

B.C. Women's Health Bureau
http://www.health.gov.bc.ca/whb/index.html

Vancouver Hospital Domestic Violence Program
http://www.interchange.ubc.ca/emerg_vh/dvp.html

Government Ministries

BC Women's Health Bureau, Ministry of Health and Ministry Responsible for Seniors
http://www.health.gov.bc.ca/whb

BC Ministry of Women's Equality
http://www.weq.gov.bc.ca/

BC Ministry for Children and Families
http://www.mcf.gov.bc.ca/

Health Canada Women's Health Bureau
http://www.hc-sc.gc.ca/datapcb/datawhb/engpage.htm

National Internet Resources

National Clearinghouse on Family Violence
http://www.hc-sc.gc.ca/hppb/familyviolence/

Statistics Canada
http://www.statcan.ca/start.html

Statistics Canada Family Violence
http://www.statcan.ca/Daily/English/990611/d990611a.htm

Centre for research on violence: University of Western Ontario
http://www.uwo.ca/violence/publics.htm

Canadian Health Network Violence Affiliate
http://www.canadian-health-network.ca/customtools/homee.html

Canadian Women's Health Network
http://www.cwhn.ca/indexeng.html

Centre for Research on Violence Against Women and Children
http://www.uwo.ca/violence/index.html

DAWN Canada (Disabled Women's Network of Canada)
http://indie.ca/dawn/index1.htm

Muriel McQueen Fergusson Centre for Family Violence Research
http://www.unb.ca/web/arts/CFVR/

National Clearinghouse on Family Violence
http://www.hc-sc.gc.ca/hppb/familyviolence/index.html

see particularly:

"Family Violence: Clinical Guidelines for Nurses"
http://www.hc-sc.gc.ca/hppb/familyviolence/family.htm

"Violence Issues: an Interdisciplinary Curriculum Guide for Health Professionals"
http://www.hc-sc.gc.ca/hppb/familyviolence/family.htm

"A Handbook for Health and Social Service Professionals Responding to Abuse During Pregnancy"
http://www.hc-sc.gc.ca/hppb/familyviolence/wifeabus.htm

"A Handbook for Dealing with Women Abuse and the Canadian Criminal Justice System: Guidelines for Physicians"
http://www.hc-sc.gc.ca/hppb/familyviolence/wifeabus.htm

"A Handbook for Health and Social Service Providers and Educators on Children Exposed to Woman Abuse/ Family Violence"
http://www.hc-sc.gc.ca/hppb/familyviolence/wifeabus.htm

"The Health Care Sector's Response to Woman Abuse"
http://www.hc-sc.gc.ca/hppb/familyviolence/wifeabus.htm

Ontario Network for the Prevention of Elder Abuse
http://www.library.utoronto.ca/aging/onpea.htm

University of Manitoba Research Centre on Family Violence
http://www.umanitoba.ca/academic_support/research_admin/resctre/famvio.htm

American Internet Resources

Education Wife Assault
http://www.womanabuseprevention.com/

Family Violence Prevention Fund
http://www.fvpf.org/

National Centre on Elder Abuse
http://www.gwjapan.com/NCEA

National Clearinghouse of Child Abuse and Neglect Information
http://www.calib.com/nccanch/index.htm

The United States Department of Justice National Institute of Justice
http://www.ojp.usdoj.gov/nij/welcome.html

American Association of Indian Physicians - Resources - Domestic Violence
http://www.aaip.com/resources/domviolence.html

American Bar Association Commission on Domestic Violence
http://www.abanet.org/domviol/home.html

American Medical Association Domestic Violence
http://www.ama-assn.org/insight/spec_con/violence/domestic.htm

American Medical Association Domestic Violence Diagnostic Treatment Guidelines
http://www.assn.org/public/releases/assault/orderfrm.htm

American Medical Association Mental Health Effects of Domestic Violence
http://www.ama-assn.org/public/releases/assault/fv-guide.htm

American Medical Women's Association – Curriculum on domestic violence for health professionals
http://www.amwa-doc.org/dvcourse2.htm

Minnesota Center Against Violence and Abuse
http://www.mincava.umn.edu/

US Department of Justice Violence Against Women Office
http://www.ojp.usdoj.gov/vawo/

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